



DECLARATION and POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVEMENT IN TREATMENT OF PARKINSON'S DISEASE AND RELATED DISORDERS BY NOVEL FORMULATIONS OF THE COMBINATION CARBIDOPA-LEVODOPA

the specification of	which is attached hereto unless the follo	owing box is chec	cked:			
was filed on as U.S. Application No or PCT International Application No and was						
amended or	1 (if applicable).					
amendment ref	have reviewed and understand the conte erred to above. duty to disclose information which is kn				nded by any	
or § 365(a) of any lidentified below, by	ign priority benefits under 35 U.S.C. § 1 PCT International application which des y checking the box, any foreign application the application on which priority is clain	ignated at least or	ne country other than the	 United States, listed below a 	and have also	
Application No.	Country Filing Date		Priority Claimed (Yes/No)			
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below. U.S. Provisional Application No. U.S. Filing Date						
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. Application No. Filing Date Status (patented, pending or abandoned)						
POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:						
Name: GILDO E. FATO Registration No.: 20,962						
Send corresponden telephone calls to:	1313	Ash Street ertyville, IL 60	048	Tel. No. (847) 816-3753	Tel. No. (847) 816-3753	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
INVENTOR(S)						
Full Name	Last Name	First Name		Middle Name		
of Inventor	RUBIN Signature please sign full name?	ALAN		A. Date:	A. Date:	
Residence &	City adubn	State or Foreign Country		Date: April & 1957 County of Citizenship		
Citizenship	WILMINGTON	DELAWA		U.S.A.	U.S.A.	
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